

Commonwealth of Virginia
Department of Professional and Occupational Regulation
Post Office Box 29570
Richmond, Virginia 23242-0570
(804) 367-8595



**Board for Waste Management Facility Operators
EDUCATION VERIFICATION FORM**

Instructions:

Section A: To be completed by the applicant.

Section B: To be completed by the educational institution listed in **Section A #6** and returned to the Virginia Board for Waste Management Facility Operators at the address printed above. An official school transcript may be substituted for this form.

Section A

1. Name
First Middle Last Generation (SR, JR, III)
2. Social Security Number *
[][][] - [][] - [][][][]
3. Date of Birth

4. Mailing Address

City, State, Zip Code

5. Telephone & Facsimile Numbers
() - () - () -
Telephone Facsimile Beeper/Cellular
6. Name of Educational Institution

7. Dates Attended
From _____ To _____
8. Signature
_____ Date

Section B

Certification

I hereby certify that the individual named in **Section A #1** has graduated from this school/institution:

Diploma/Degree Received _____
Date Received _____
Signature _____
Official Title _____

Affix Official Seal Here

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.